

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # N21911 (5)

1. Corporation Name

ST. ANDREWS GRAND LODGE AND QUEEN MARY GRAND COU
RT, YORK MASON INC.



| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 5929 NW 2ND AVE 13630 JACKSON STREET MIAMI FL 33176 US | 13630 JACKSON ST 10305 S.W. 149 TERRACE MIAMI FL 33176 US |

3. Date Incorporated or Qualified

08/06/1987

4. FEI Number

65-0080635

Applied For

Not Applicable

2. Principal Place of Business

21 5929 N.W. 2nd AVE

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FLORIDA

24 Zip

33142

Country

25 DADE

2a. Mailing Address

26 P.O. Box 640092

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FLORIDA

Zip

29 33164

Country

30 DADE

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EDMOND, JAMES T JR.
13630 JACKSON STREET
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

WILLIE N. WELLS

82 Street Address (P.O. Box Number is Not Acceptable)

301 NE 172 ST.

83

84 City

MIAMI

FL

85 Zip Code

33162

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Willie N. Wells

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

D
NAME
EDMOND, JAMES, JR.
STREET ADDRESS
13630 JACKSON STREET
CITY-ST-ZIP
MIAMI FL

TITLE ☒ DELETE

D
NAME
CARTER, JAMES
STREET ADDRESS
3440 N.W. 82 STREET
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

TD
NAME
WALKER, DANIEL
STREET ADDRESS
9261 S.W. 186 TERRACE
CITY-ST-ZIP
MIAMI FL

TITLE ☒ DELETE

S
NAME
ROBERSON, BROEN
STREET ADDRESS
710 NW 204 ST
CITY-ST-ZIP
PEMBROKE PINES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

DIRECTOR
1.2 NAME
WILLIE N. WELLS
1.3 STREET ADDRESS
301 NE 172 ST.
1.4 CITY-ST-ZIP
MIAMI, FL. 33162

2.1 TITLE ☐ Change ☒ Addition

ASS DIRECTOR
2.2 NAME
ROBERSON BROWN JR.
2.3 STREET ADDRESS
P.O. BOX 172113
2.4 CITY-ST-ZIP
HIALEAH, FL. 33017 N/A

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

SECRETARY
4.2 NAME
ELLISON, HIXSON
4.3 STREET ADDRESS
17000 NW 33 CT.
4.4 CITY-ST-ZIP
MIAMI, FL. 33056

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Willie N. Wells

4-24-98

(305) 652-5847

CR2E037 (10/97)